



Contracts, Purchasing, and Risk Management

ARIZONA BOARD OF REGENTS
FOR AND ON BEHALF OF
NORTHERN ARIZONA UNIVERSITY
Contracts, Purchasing and Risk Management
DISCLOSURE AND APPROVAL OF ONE-ON-ONE
INTERACTION WITH NON-STUDENT MINORS

(“PROGRAM”)
928-523-4557

RETURN TO:
NAU-Insurance@nau.edu
PO Box 4067
Flagstaff, AZ 86011
Revised 01/31/2020

THIS DOCUMENT HAS LEGAL CONSEQUENCES. IT MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION. PLEASE READ IT CAREFULLY BEFORE SIGNING.

If not defined within the form, all capitalized words shall have the meaning as set forth in the Northern Arizona University Supervision of Non-Student Minors Policy.

Program Supervisor Information

Name:

Title:

Phone:

Email:

One-on-One Interactions with Non-Student Minor Information

Describe necessity for One-on-One Non-Student Minor Interaction(s):

Describe the nature of the One-on-One Non-Student Minor Interactions:

Describe the setting(s) of the One-on-One Non-Student Minor Interactions:

Describe safeguards that will be implemented for One-on-One Non-Student Minor Interactions:

List of Authorized Adults that could have One-on-One Non-Student Minor Interactions:

Authorization

With my signature below, I authorize the above-named Program to have One-on-One Non-Student Minor Interactions between the Authorized Adults named herein and Non-Student Minors and certify all Authorized Adults have successfully completed any required training and passed required background and fingerprint screenings.

Program Supervisor Signature:

Date:

Parent/Legal Guardian Approval

I understand that the above-named Program may involve One-on-One Interaction, as defined in Northern Arizona University’s Supervision of Non-Student Minors Policy and in this form, with my Non-Student Minor and, by signing below, I authorize my Non-Student Minor to participate in the Program.

Parent/Legal Guardian Name:

Non-Student Minor Name:

Parent/Legal Guardian Signature:

Date: